Message

**From**: bounce-36806131-62701352@listserv.unc.edu [bounce-36806131-62701352@listserv.unc.edu]
on behalf of Occupational & Environmental Medicine for Clinicians & Public Health Professionals digest [occ-env-med-l@listserv.unc.edu]
**Sent**: 10/15/2015 4:25:45 AM
**To**: occ-env-med-l digest recipients [occ-env-med-l@listserv.unc.edu]
**Subject**: occ-env-med-l digest: October 14, 2015

OCC-ENV-MED-L Digest for Wednesday, October 14, 2015.



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Subject: RE: subjective w/o objective outcomes
From: "Jennifer Christian MD" <jennifer.christian@webility.md>
Date: Wed, 14 Oct 2015 01:59:35 -0400
X-Message-Number: 1

What an excellent question, Craig -- and a disturbing prospect. You've come up with a good research question -- IF only there were an organization interested in researching employment / benefit / total QOL life outcomes for workers with health related employment disruptions due to any cause -- AND had money to invest in it. Sigh.

I have just finished writing a policy paper entitled "Job Loss After Illness or Injury: Making Stakeholders More Accountable" commissioned by the Office of Disability Employment Policy in the US Department of Labor as part of its SAW/RTW Policy Collaborative's activities. Next Thursday, I will be presenting a very brief summary of my recommendations at a Mathematica Forum focused on this central question: How can we reduce the number of workers who eventually lose their jobs due to a medical condition? The Forum is being held in Washington DC -- and is also being broadcast as a live webinar -- next Thursday 10/22 from 11:45 - 1:30. You are all invited to register. I have pasted information about the webinar below -- underneath Craig's original message.

Cordially,
Jennifer Christian, MD, MPH
President, Webility Corporation (www.webility.md)
Chair, Work Fitness & Disability Section, American College of Occupational & Environmental Medicine
Moderator, Work Fitness & Disability Roundtable (free list serv with >1400 members. Apply or learn more at www.webility.md)
Office Phone: 508-358-5218 Email: Jennifer.christian@webility.md Back-up email: jhchristian@gmail.com
Blog: www.jenniferchristian.com

IN REPLY TO CRAIG THOMPSON WHO WROTE:

We all have seen patients where the exam assessment is “subjective complaints not supported by objective findings” and often the claim is closed at that point. I am curious to know if anyone has seen any data that explores what happens to these folks at that point. Do they return to work and if so, successfully? Do they maintain the subjective complaints and seek disability through SSD? Do they seek other sources of medical care and if so, what is the outcome? Are other causes of or for their symptoms found later that explains things? Are they just lost to any further followup? Are we handling these folks in the best manner?

Craig Thompson, MD FACOEM
Columbia River Occupational Health
doct@croh.com

---

OCTOBER 6, 2015

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Promoting Stay-at-Work/Return-to-Work Policies: New Recommendations to Help Workers Who Experience Illness or Injury -- A Policy Forum and Live Webinar Sponsored by the Stay-at-Work/Return-to-Work Policy Collaborative and the Center for Studying Disability Policy

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The speaker panel will feature:

- Yonatan Ben-Shalom, Mathematica (moderator)
- Jennifer Christian, Webility Corporation
- Kevin Hollenbeck, W.E. Upjohn Institute
- David Stapleton, Mathematica
- Jennifer Sheehy, U.S. Department of Labor, Office of Disability Employment Policy (discussant)

Please note: In-person check-in and lunch begin at 11:45 a.m., and the program begins at 12:00 p.m. All in-person guests must sign in and present a photo ID.

For more information, please contact disabilityforums@mathematica-mpr.com.

About Mathematica: Mathematica Policy Research seeks to improve public well-being by conducting studies and assisting clients with program evaluation and policy research, survey design and data collection, research assessment and interpretation, and program performance/data analytics and management. Its clients include foundations, federal and state governments, and private-sector and international organizations. The employee-owned company, with offices in Princeton, NJ; Ann Arbor, MI; Cambridge, MA; Chicago, IL; Oakland, CA; and Washington, DC, has conducted some of the most important studies of health care, international development, disability, education, family support, employment, nutrition, and early childhood policies and programs.

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Subject: RE: Physical exams for taxi drivers
From: "Robinson, Geoffrey" <GRobinso@bristolhospital.org>
Date: Wed, 14 Oct 2015 12:26:27 +0000
X-Message-Number: 2

I believe the requirements are determined on a state level.  In CT taxi drivers must apply to DMV for a Public Passenger
Endorsement on their non-CDL license, same as service (i.e. shuttle) bus drivers.  The PE must be done on the standard DOT form (R-323),
but this does not need to be reported to the National Registry.

Geoff Robinson PAC
Bristol Hospital - MedWorks
975 Farmington Avenue
Bristol, CT 06010
Phone: 860-589-0114
Fax: 860-589-1936

From: bounce-36798934-18374457@listserv.unc.edu [mailto:bounce-36798934-18374457@listserv.unc.edu] On Behalf Of Williamson-Link, Jeff
Sent: Tuesday, October 13, 2015 12:01 PM
To: Robinson, Geoffrey
Subject: [occ-env-med-l] Physical exams for taxi drivers

Docs,
Does anyone know of standard physical for taxi drivers? Employer is requesting clearance exam that they are fit to drive.
I am planning on doing a basic exam with hearing, vision. Any thoughts? They do not have special license.
Thanks
Jeff
Jeff Williamson-Link MD MPH FACOEM
System Medical Director - Employee Health, Occupational Health
Edward Elmhurst Healthcare
Naperville Illinois
630-527-2789

[cid:image001.png@01D10659.1EF2A710]



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Subject: FW: subjective w/o objective outcomes
From: Ewan MacDonald <ewan.macdonald@glasgow.ac.uk>
Date: Wed, 14 Oct 2015 12:51:38 +0000
X-Message-Number: 3

Sent on behalf of Professor Ewan Macdonald

This topic is one I touched on in my Sappington lecture this year as I believe , as does Jennifer that the role of occupational physicians should extend to the whole working age population, as distinct from

just the relatively well who are in employment. Those who fall out of employment, need our skills too, but the questions posed by Craig do need to be answered and much more research is needed.

Currently with my colleagues in the Healthy Working Lives group and the MRC at University of Glasgow, and the Universities of Edinburgh and Stirling , we have a major study of a cohort of 14000 out of work individuals, some of which are claiming health related unemployment benefits, who are participating in the UK Government's flagship return-to-work initiative (known as the Work Programme). This study is being conducted in partnership with one of Scotland's largest providers of this service, Ingeus. They are providing us with access to routinely collected data from the individuals who participate in the programme.

The study involves quantitative and qualitative analysis (interviewing individuals who are currently engaging in return-to-work activities, as well as interviewing staff who provide these services). The study is particularly focussed on the over 50 year old (who make up approximately 20% of the cohort) , so that we can better understand the health issues, the barriers and facilitators for return to work for these individuals, and the wider contexts in which poor health and unemployment manifest.

I have attached a summary sheet with more information to this email. If you are interested, please follow us on twitter www.twitter.com/SOPIEstudy<http://www.twitter.com/SOPIEstudy> for updates.

Begin forwarded message:
From: Jennifer Christian MD <jennifer.christian@webility.md<mailto:jennifer.christian@webility.md>>
Date: 14 October 2015 06:59:35 BST
To: Occ-Env-Med-L <ewan.macdonald@glasgow.ac.uk<mailto:ewan.macdonald@glasgow.ac.uk>>
Cc: <jhchristian@gmail.com<mailto:jhchristian@gmail.com>>, Jennifer Christian <jennifer.christian@webility.md<mailto:jennifer.christian@webility.md>>
Subject: RE:[occ-env-med-l] subjective w/o objective outcomes
Reply-To: Jennifer Christian MD <jennifer.christian@webility.md<mailto:jennifer.christian@webility.md>>
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Office Phone: 508-358-5218 Email: Jennifer.christian@webility.md<mailto:Jennifer.christian@webility.md> Back-up email: jhchristian@gmail.com<mailto:jhchristian@gmail.com>
Blog: www.jenniferchristian.com<http://www.jenniferchristian.com>

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Craig Thompson, MD FACOEM
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Subject: Commission on Pollution, Health and Developement Launched
From: ralippin@aol.com
Date: Wed, 14 Oct 2015 13:11:05 -0400
X-Message-Number: 4

OEM Colleagues,

Apologies if this has already been posted- but I personally  just learned of this launch today

http://www.gahp.net/new/global-alliance-launches-commission-on-pollution-health-and-development/

The Commission is co-chaired by "one of our own" Dr  Phil Landrigan- a distinguished professor and physician, and the Dean for Global Health at the Icahn School of Medicine at Mount Sinai, and by Richard Fuller, President of Pure Earth, which serves as Secretariat of the Global Alliance on Health and Pollution. Congratulations to Phil and best wishes for success.

The work of the Commission is expected to last for about 18 months

This, my colleagues, is a HUGE issue for our OEM field

Rick Lippin MD, FACOEM
Southampton, Pa

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Subject: Surgeons with seizure disorders
From: "Upfal, Mark" <mupfal@dmc.org>
Date: Wed, 14 Oct 2015 16:04:18 -0400
X-Message-Number: 5

Does anyone have any experience or know of any literature regarding surgeons with seizure disorders, and guidelines for returning to work/operating?

Has anyone seen the situation in which a surgeon must have someone else drive him/her to work due to a state reguation based driving restriction, but continues to operate?

How long should a surgeon be seizure-free before operating?

Mark Upfal, MD, MPH
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Subject: Surgeons with seizures
From: "Jonathan Rutchik" <jsrutch@neoma.com>
Date: Wed, 14 Oct 2015 14:01:23 -0700
X-Message-Number: 6

Dr Upfal - very difficult topic

My interest in this area stems from my background; board certified in both Neurology and Occupational Medicine and ACOEM fellow.

Commercial Drivers, firefighters and aviation professions have laws that guide us to help with these types of questions as well as for general motor vehicle drivers in all states, but for other professions this is challenging.

POST is a document for Police and this is aimed to simply estimate risk but is not law.

I have lectures at ACOEM on this topic and ACOEM has educational information and a committee on this which is well developed.

Other factors to consider are the stresses inherent in a surgical residency or for surgeons who work long hours and may have dehydration and compliance issues.

One would ask whether a person who could not legally drive a vehicle would be permitted to perform surgery by their employer or the state medical board.

I would consider directing thoughts to both the State Medical Board and the American Epilepsy Association on this topic.

I am glad to help in a more detailed fashion if asked.

Thanks for asking this fascinating question!

JSR

Jonathan S Rutchik, MD, MPH, FACOEM

Neurology, and Occupational/ Environmental Medicine

Associate Professor UCSF (Occupational Medicine)

Board Certified Neurology (ABPN) and Occupational Medicine (ABPM)

Licensed in CA, NY, MA, NM and ID

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SACRAMENTO, and ARCATA, CA.

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Subject: RE: Surgeons with seizures
From: "Hodgson, Michael - OSHA" <Hodgson.Michael@dol.gov>
Date: Wed, 14 Oct 2015 21:26:22 +0000
X-Message-Number: 7

Hi, Mark, great question indeed!
Systems of care are such useful constructs, so you're not alone in having to make that decision.  When issues such as that arose within VHA, we actually followed the  guidance that had evolved around HIV positivity and health care duty performance.  We convened a group with the service chief, the chief of staff, the local occupational physician, a pertinent specialist (for the disease), and an addition specialist (of the specialty of the afflicted, and now I would argue for someone not in direct line of authority to the service chief); convened a meeting to sort out what people knew and didn't about the condition, prognosis, and constraints; arranged for appropriate testing; and reconvened.  Issues like that didn't come up so frequently, but ageing attendings with impaired judgement, etc, represent an analagous issue.  And there's more of this than you would think

So in this case I'd convene a committee with
Chief of staff, chief of surgery, an outside surgeon, a neurologist, the hospital risk manager, and you to a discussion to formulate a plan
Please let us know what you do...

Michael Hodgson, MD, MPH
Now OSHA Chief Medical Officer but formerly Chief Consultant, Occupational Health, Veterans Health Administraiton

From: bounce-36805402-63019831@listserv.unc.edu [mailto:bounce-36805402-63019831@listserv.unc.edu] On Behalf Of Jonathan Rutchik
Sent: Wednesday, October 14, 2015 5:01 PM
To: Hodgson, Michael - OSHA
Subject: [occ-env-med-l] Surgeons with seizures

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Jonathan S Rutchik, MD, MPH, FACOEM

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CLINICAL OFFICES:  SAN FRANCISCO, RICHMOND, PETALUMA,
SACRAMENTO, and ARCATA, CA.

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Subject: Re: Surgeons with seizure disorders
From: Tee Guidotti <tee.guidotti@gmail.com>
Date: Wed, 14 Oct 2015 17:36:53 -0400
X-Message-Number: 8

I agree with individualizing the evaluation and guidance. This may not be as alarming as it sounds if the surgeon has a reliable aura well in advance, if the seizure is absence, if there is backup, and he or she is not doing major surgery. Then again, I would not want to have to explain a misadventure to a patient's family under the circumstances of an unpredictable Jacksonian  seizure disorder.

The other side of this is the liability issue. Regardless of the fitness for duty and accommodation aspect of what is obviously a safety-sensitive position, would the liability insurance carrier and loss control accept this?

TLG

TLG

On Wed, Oct 14, 2015 at 4:04 PM, Upfal, Mark <mupfal@dmc.org> wrote:

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> surgeons with seizure disorders, and guidelines for returning to
> work/operating?
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> but continues to operate?
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> 
> 
> 
> *Mark Upfal, MD, MPH*
> Corp Medical Director, DMC Occupational Health Services
> 4201 Saint Antoine, UHC 4G-3
> Detroit, MI 48201
> (313) 993-0509
> www.dmc.org/ohs
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Subject: RE: Surgeons with seizure disorders
From: "Orford, Robert R., M.D." <rorford@mayo.edu>
Date: Thu, 15 Oct 2015 04:00:22 +0000
X-Message-Number: 9

By chance, the very next email I looked at after this one was “Why Docs Won't Take Sick Time”
http://www.hcplive.com/conference-coverage/idweek-2015/why-docs-wont-take-sick-time?utm_source=Informz&utm_medium=HCPLive&utm_campaign=Trending_News_10-14-15 As physicians, we are both the gatekeepers and the drivers of the sickness absence and fitness for duty systems. This makes it difficult for us to make decisions if the illness or injury affects us or a member of our own profession.

There is fairly clear guidance on seizures in other safety sensitive positions (pilots, truck drivers etc.) and I think this guidance can be applied to surgeons and other safety sensitive positions in health care.

I don't see that this post has been cross-posted to the MCOH List, so I will do so since this is a topic of mutual interest and MCOH members will undoubtedly have both opinions and experience with similar cases.

Bob Orford
Scottsdale, AZ

From: bounce-36805482-6838936@listserv.unc.edu [mailto:bounce-36805482-6838936@listserv.unc.edu] On Behalf Of Tee Guidotti
Sent: Wednesday, October 14, 2015 2:37 PM
To: Orford, Robert R., M.D.
Subject: Re: [occ-env-med-l] Surgeons with seizure disorders

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This is the free Discussion Forum for Clinical & Public Health professionals in Occupational & Environmental Medicine (exposure-related human disease).

Originated at Duke University in 1993, it now is centered at Univ. N. Carolina School of Public Health, where it is still managed by Gary Greenberg, MD

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